**December 2023**

# Request for Approval (RFAP): Early Literacy Assessments

## Proposal Overview

### Introduction

The Iowa Department of Education is seeking early literacy (K-6) universal screening and progress monitoring assessment submissions. Screening and monitoring tools submitted will be reviewed to ensure each approved measure meets the criteria specified by the Department. Those tools that meet the State’s approval criteria will be communicated to Iowa’s schools as approved early literacy screening and monitoring assessments.

[Iowa Code Chapter 62](https://www.legis.iowa.gov/docs/ACO/chapter/281.62.pdf) (State Standards for Reading Progression) requires public districts to screen the literacy development of all K-3 students. Targeted intervention and progress monitoring are then required when students are repeatedly identified as at-risk for not meeting subsequent learning targets. Intervention and monitoring continue beyond 3rd grade when students continue to demonstrate risk.

### Questions

Applicants may submit questions and request clarifications. Such requests must be submitted in writing at: [Vendor Questions of Early Literacy RFAP (2024)](https://docs.google.com/forms/d/e/1FAIpQLSdx5FLdnbjgbEFGQa9tnfZtAHX8pA_UGTI1uR4QRbL-Z4I8GQ/viewform) by 5 p.m. CT, Dec. 29, 2023. Questions and Answers will be posted On the Department's Early Literacy RFAP page by Jan. 19, 2024.

### Approval Process

The Iowa Department of Education has identified criteria for universal screening and progress monitoring assessments that are required as part of this Request for Approval (RFAP). Applicants must submit responses to the required sections of the Submission Template to be considered for approval. A Department evaluation committee will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this request. The committee will identify those assessments that meet the minimum technical characteristics required for inclusion on the approved assessment list.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Description** | **Universal Screening** | **Progress Monitoring**  |
| 1 | Contact Information | Required | Required |
| 2 | Mandatory Specifications | Required | Required |
| 3 | Universal Screening Specifications | Required |  |
| 4 | Progress Monitoring Specifications |  | Required |
| 5 | Required Additional Information | Required | Required |
| 6 | Optional Additional Information |  |  |
| 7 | Authorizations and Agreements  | Required | Required |

### Submitting Requests for Approval

Proposals must be submitted using the [RFAP Submission Portal](https://www.surveymonkey.com/r/RFAP2024) by 5 p.m. CT on February 2, 2024. Electronic mail and faxed proposals will not be accepted. If an applicant has technical difficulties submitting a proposal they may contact Greg Feldmann (greg.feldmann@iowa.gov; 515-661-7067) for assistance. Applicants may withdraw their proposal at any time prior to the due date by emailing the request to greg.feldmann@iowa.gov. The following is the Submission Checklist:

* Request for Approval Submission Template. One per assessment being submitted.
* Supplemental resources, referenced as evidence within the Request for Approval Submission Template (e.g., user guide, technical manual etc.), are submitted as pdfs with the proposal.
* Each submission is a pdf.
* Each submission is no more than 16MB.
* There are no more than 10 total attachments per Request for Approval submission.

This provided template must be used in the format provided. If data is not included in this submission template or if the applicant simply refers reviewers to the technical manual, the proposal may be rejected. For consideration for approval, ensure that all items are complete, clear, and accurate. When entering where the supporting evidence exists, be clear by providing exactly where (e.g., document attachment name, specific page number(s), table numbers, section names). If submitting multiple assessment tools, include a separate submission template for each. Clearly indicate which measures are being submitted, at which grades and for what purposes (screening and/or monitoring).

When reporting specific technical data for items such as reliability, validity, classification accuracy, report the data by grade when available. If not available by grade, report the single most representative estimate. This may be a median of multiple studies or pulled from the most representative study. Provide an “NA” if no data are being submitted. The following table is a sample of how Technical Specifications may be reported.

|  |  |  |
| --- | --- | --- |
| Grade | Data | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K | NA | NA |
| 1 | .37 | Technical Manual, p. 87, Table 5 |
| 2 | .71 | Technical Manual, p. 89, Table 6 |
| 3 | .65 | Technical Manual, p. 89, Table 6 |
| 4 | .53 | Technical Manual, p. 89, Table 7 |
| 5 | NA | NA |
| 6 | NA | NA |

# Early Literacy AssessmentRequest for Approval Submission Template

## Section 1: Contact Information

Provide the contact information for the vendor submitting this screening and/or monitoring tool (if applicable) as well as the representative to contact regarding this application.

|  |  |
| --- | --- |
| Vendor Name: |  |
| Primary Contact:  |  |
| Secondary Contact: |  |

## Section 2 Mandatory Requirements

### Item 2.1: Assessment Name

One assessment is permitted per submission. It is recognized that this may be a single assessment or a statistically combined aggregation of more than one subtest into a composite. Assessments to be reviewed separately must be reported on separate submission forms.

|  |  |
| --- | --- |
| Name of the assessment of this submission.  |  |

### Item 2.2: Developmental Status

It is required that the measures being proposed have been fully developed, validated and readily available. Measures and supporting evidence may not be “forthcoming,” “in development,” “pending validation” or similar.

|  |  |
| --- | --- |
| Is the assessment fully developed and readily available? | Yes / No  |

### Item 2.3: English Availability

Some assessments are available in multiple languages.

|  |  |
| --- | --- |
| Is the above-named assessment available in English along with supporting research to support the English-based version?  | Yes / No  |

### Item 2.4: Data Availability

After screening or progress monitoring resulting data may be available in various formats. Electronically available data may be readily used in state-provided data platform.

|  |  |
| --- | --- |
| Does the above-named assessment have a data export/API capability? | Yes / No  |

## Section 3 Universal Screening Specifications

### Item 3.1 Classification Accuracy, Area Under the Curve (AUC)

Area Under the Curve is one way to gauge how accurately an assessment identifies students as at-risk. It is derived from Receiver Operating Characteristic curves (ROC) and is presented as a number to 2 decimal places

|  |  |  |
| --- | --- | --- |
| Grade | AUC | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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| 5 |  |  |
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It is important that Classification Accuracy data are derived in relation to meaningful literacy outcomes. Below provide the name(s) of the external literacy outcome measures used to establish the reported AUC and evidence it serves as a meaningful literacy outcome measure.

|  |  |
| --- | --- |
| The external measure’s name and publisher  |  |
| Describe how and why this/these measure(s) serve as a sound outcome measure for AUC provided above. Provide additional resources, rationale and evidence as warranted.  |  |

### Item 3.2 Classification Accuracy, Sensitivity and Specificity

Sensitivity and Specificity are statistics that represent the ability of the test to correctly identify students as being on track for success or at-risk for continued reading difficulty. Sensitivity and Specificity is a second way to gauge how accurately a tool identifies students in need of assistance and on-track for success.

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Sensitivity | Specificity | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |  |
| 1 |  |  |  |
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| 6 |  |  |  |

It is important that Classification Accuracy data are derived in relation to meaningful literacy outcomes. Below, provide the name(s) of the external literacy outcome measures used to establish the reported Sensitivity/Specificity and evidence it serves as a meaningful literacy outcome measure.

|  |  |
| --- | --- |
| The external measure’s name and publisher  |  |
| Describe how and why this/these measure(s) serve as a sound outcome measure for AUC provided above. Provide additional resources, rationale and evidence as warranted.  |  |

### Item 3.3: Reliability

Reliability is a measure of measurement consistency or stability. Report at least one form of reliability (i.e., test-retest, interrater, parallel forms, internal consistency etc.). If needed, explain the reliability estimates provided. It is recognized that reliability estimates will vary depending on the assessment format.

|  |  |  |
| --- | --- | --- |
| Grade | Reliability Estimate | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
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### Item 3.4: Screening Administrations per Year

Screening may occur at different times and frequencies of the academic year. It is important that adequate opportunities to screen for student needs is possible.

|  |  |  |
| --- | --- | --- |
| Grade | Screening frequency & timing (i.e., season) | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
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### Item 3.5: Availability of Risk Benchmarks

To determine if a student is on track for success or at-risk for reading difficulty, screening assessments must have established and clearly understood risk benchmarks. It is not uncommon for assessment tools to have multiple benchmarks indicating Advanced or High Risk. For this purpose, there must be at least one established “At-Risk” (or similarly termed) benchmark for each grade and screening window.

|  |  |  |
| --- | --- | --- |
| Grade | Indicate the precise and specific “At-Risk” benchmark for each screening window submitted.  | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
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Describe the scale upon which the risk benchmarks exist. For example, describe the possible score range, type of score reported (e.g., raw, scale, composite).

|  |
| --- |
|  |

### Item 3.6: Benchmark Standard Setting Methodology

Enter a clear description of how risk benchmarks were established and how they relate to the sensitivity and specificity data provided. Explain the process or rationale and supporting evidence. Where evidence exists please make reference to pages, tables, and/or section numbers).

|  |
| --- |
|  |

### Item 3.7: Universal Screening Administration Time

|  |  |
| --- | --- |
| How is the universal screening assessment administered?  | 1. Individually (i.e., one-on-one)
2. Group
3. Either
 |

For individually and group administered assessments, complete the following table regarding typical universal screening assessment time requirements.

|  |  |  |
| --- | --- | --- |
| Grade | Typical administration time | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
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## Section 4: Progress Monitoring Specifications

### Item 4.1 Equivalent Forms

Progress monitoring requires ongoing assessment. Report the number of available equivalent forms for progress monitoring. For non-fixed form (e.g. computer adaptive measures) indicate the demonstrated or theoretical number of equivalent forms available for progress monitoring.

|  |  |  |
| --- | --- | --- |
| Grade | How many equivalent forms exist? | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
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### Item 4.2 Method to Ensure Form Equivalency

Describe the methods and rationale used to ensure progress monitoring form equivalency. If the description exists in the existing document, feel free to provide reference to where this exists.

|  |
| --- |
|  |

### Item 4.3 Evidence of Reliability (May be the same as 3.3)

Reliability is a measure of measurement consistency or stability. Report at least one form of reliability (i.e., test-retest, interrater, parallel forms, internal consistency etc.). If needed, explain the reliability estimates provided. It is recognized that reliability estimates will vary depending on the assessment format.

|  |  |  |
| --- | --- | --- |
| Grade | Reliabilityestimate & typereported | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
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### Item 4.4 Reliability of Slope

Reliability of slope represents the ability of the test to produce a consistent estimate of student growth over time. It indicates how well the observed slope represents a student’s rate of improvement. Two numbers are to be reported, (1) the reliability estimate, and (2) the number of observations (dates/opportunities, not students) upon which it is based.

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Reliability of slope coefficient | Enter number of observations upon which the reliability of slope is based | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
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| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

### Item 4.5 Progress Monitoring Administration Time

|  |  |
| --- | --- |
| How is the universal screening assessment administered?  | 1. Individually (i.e., one-on-one)
2. Group
3. Either
 |

For individually and group administered assessments, complete the following table regarding typical progress monitoring assessment time requirements.

|  |  |  |
| --- | --- | --- |
| Grade | Typical administration time  | Enter a clear description where evidence exists (document name, page number, table or figure number, and/or section number). |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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| 5 |  |  |
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## Section 5: Additional Required Information

### Item 5.1 Administration Qualifications & Required Training

Describe the training needed to administer, score, and interpret the assessments. Describe how this training is accessed for new and continuing users. Include the training time, nature of fidelity checks and estimate time needed to administer and score with accuracy.

|  |
| --- |
|  |

### Item 5.2: Data Availability

Describe the availability of student data after universal screening and/or progress monitoring assessments. Specifically,

|  |  |
| --- | --- |
| How long does it take for teachers to have student performance data in hand and available for use after administration? |  |
| What are the reporting options? For example, are there required subscriptions or licensing fees? How are student and group data reports organized and displayed?  |  |
| Is scoring and data availability paper and pencil? Electronically, or both? |  |

## Section 6: Additional Optional Information

### Item 6.1 Optional Information

Is there anything additional, not specifically requested in the previous sections you’d like to share? Please share additional information on the universal screening and/or progress monitoring tools available.

|  |
| --- |
|  |

## Section 7: Authorizations and Agreements

### Item 7.1 Certification

|  |
| --- |
| I certify that the contents of this Proposal in response to the Iowa Department of Education’s Approved Literacy (ELI) request for information are true and accurate**.** I also certify that I have not knowingly made any false statements in its Proposal. |
| Signature (type/or submit an electronic signature\*): Title: Date: |

\* By typing or providing your electronic signature you are agreeing that your electronic signature is the legal equivalent of your manual signature.

### Item 7.2 FORM 22 - Request for Confidentiality (Required)

***THIS FORM 22 (FORM) MUST BE COMPLETED AND INCLUDED WITH YOUR PROPOSAL.*** ***THIS FORM 22 IS REQUIRED WHETHER THE PROPOSAL DOES OR DOES NOT CONTAIN INFORMATION FOR WHICH CONFIDENTIAL TREATMENT WILL BE REQUESTED. FAILURE TO SUBMIT A COMPLETED FORM 22 WILL RESULT IN THE PROPOSAL TO BE CONSIDERED NON-RESPONSIVE AND ELIMINATED FROM EVALUATION. COMPLETE PART 1 OF THIS FORM IF THE PROPOSAL DOES NOT CONTAIN CONFIDENTIAL INFORMATION. COMPLETE PART 2 OF THIS FORM IF THE PROPOSAL DOES CONTAIN CONFIDENTIAL INFORMATION.***

1. **Part 1 - Confidential Treatment Is Not Requested**

A Respondent not requesting confidential treatment of information contained in its Proposal shall complete Part 1 of Form 22 and submit a signed Form 22 Part 1 with the Proposal.

1. **Part 2 - Confidential Treatment of Information is Requested**

A Respondent requesting confidential treatment of specific information shall: (1) fully complete and sign Part 2 of Form 22, (2) mark each page upon which the Respondent believes confidential information appears **and CLEARLY IDENTIFY EACH ITEM for which confidential treatment is requested; MARKING A PAGE IN THE PAGE MARGIN IS NOT SUFFICIENT IDENTIFICATION**, and (3) submit a “Public Copy” from which the confidential information has been excised.

Form 22 will not be considered fully complete unless, for each confidentiality request, the Respondent: (1) enumerates the specific grounds in Iowa Code Chapter 22 or other applicable law that supports treatment of the information as confidential, (2) justifies why the information should be maintained in confidence, (3) explains why disclosure of the information would not be in the best interest of the public, and (4) sets forth the name, address, telephone number, and e-mail address for the person authorized by Respondent to respond to inquiries by the Agency concerning the confidential status of such information.

**The Public Copy from which confidential information has been excised** must excise the confidential information in such a way as to allow the public to determine the general nature of the information removed and to retain as much of the Proposal as possible.

**Failure to request information be treated as confidential as specified herein shall relieve Agency and State personnel from any responsibility for maintaining the information in confidence. Respondents may not request confidential treatment with respect to pricing information and transmittal letters. A Respondent’s request for confidentiality that does not comply with this form or a Respondent’s request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting Respondent’s Proposal as non-responsive. Requests to maintain an entire Proposal as confidential will be rejected as non-responsive.**

If Agency receives a request for information that Respondent has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such information, Respondent shall, at its sole expense, appear in such action and defend its request for confidentiality. If Respondent fails to do so, Agency may release the information or material with or without providing advance notice to Respondent and with or without affording Respondent the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction. Additionally, if Respondent fails to comply with the request process set forth herein, if Respondent’s request for confidentiality is unreasonable, or if Respondent rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to Respondent and with or without affording Respondent the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

***(Proceed to the next page.)***

**Part 1 – Form 22 - No Confidential Information Provided**

**Confidential Treatment Is Not Requested**

|  |
| --- |
| Respondent acknowledges that proposal response contains no confidential, secret, privileged, or proprietary information. There is no request for confidential treatment of information contained in this proposal response.This Form must be signed by the individual who signed the Respondent’s Proposal. The Respondent shall place this Form completed and signed in its Proposal.* ***Fill in and sign the following if you have provided no confidential information. If signing this Part 1, do not complete Part 2.***
* ***NOTE: All sample assessment protocols, administration and/or scoring guides will be maintained as confidential and not be released to the public to maintain the security of the assessment/measure.***
 |
| Company:Title of Measure/Assessment:Signature (type/submit an electronic signature\*): Title: Date:  |

\* By typing or providing your electronic signature you are agreeing that your electronic signature is the legal equivalent of your manual signature.

***(Proceed to the next page only if Confidential Treatment is requested.)***

**Part 2 – Form 22 - Confidential Treatment is Requested**

***The below information is to be completed and signed ONLY if Respondent is requesting confidential treatment of any information submitted in its Proposal.***

**NOTE:**

* ***Completion of this Form is the sole means of requesting confidential treatment*.**
* ***A RESPONDENT MAY NOT REQUEST PRICING INFORMATION BE HELD IN CONFIDENCE.***

Completion of the Form and Agency’s acceptance of Respondent’s submission does not guarantee the agency will grant Respondent’s request for confidentiality. The Agency may reject Respondent’s Proposal entirely in the event Respondent requests confidentiality and does not submit a fully completed Form or requests confidentiality for portions of its Proposal that are improper under the request for information.

**Please provide the information in the table below. Respondent may add additional lines if necessary or add additional pages using the same format as the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposal Section: | Respondent must cite the specific grounds in *Iowa Code Chapter 22* or other applicable law which supports treatment of the information as confidential. | Respondent must justify why the information should be kept in confidence. | Respondent must explain why disclosure of the information would not be in the best interest of the public. | Respondent must provide the name, address, telephone number, and email address for the person at Respondent’s organization authorized to respond to inquiries by the Agency concerning the status of confidential information. |
|   |   |  |   |   |
|   |   |  |   |   |

|  |
| --- |
| This Form must be signed by the individual who signed the Respondent’s Proposal. The Respondent shall place this Form completed and signed in its Proposal. A copy of this document shall be placed in all Proposals submitted including the Public Copy. * ***If confidentiality is requested, failure to provide the information required on this Form may result in rejection of Respondent’s submittal to request confidentiality or rejection of the Proposal as being non-responsive.***
* ***Please note that this Form is to be completed and signed only if you are submitting a request for confidential treatment of any information submitted in your Proposal. If signing this Part 2, do not complete Part 1.***
 |
| Company:Title of Measure/Assessment:Signature (type/submit an electronic signature\*): Title: Date:  |

\* By typing or providing your electronic signature you are agreeing that your electronic signature is the legal equivalent of your manual signature.